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JUN 17 2005

DATE: June 17, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: HUNTER, ALVIN A
Facsimile No.: 703-872-9306

FROM: Kristin D. Wheeler
Customer Number: 40990
Phone No.: (508) 979-3015

RE: Application Serial No.: 10/789,288
Response to Office Action of March 17, 2005

Pages including cover sheet: 11

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on June 17, 2005
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Kristin D. Wheeler (Reg. No. 43,583)
Name of person signing Certificate

*Titelust*P.O. Box 965
Fairhaven, MA 02719-0965**FootJoy**(508) 979-3015 phone
(508) 979-3063 fax

<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p>Complete If Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/789,288</td></tr> <tr><td>Filing Date</td><td>February 27, 2004</td></tr> <tr><td>First Named Inventor</td><td>Michael J. Sullivan</td></tr> <tr><td>Examiner Name</td><td>HUNTER, ALVIN A</td></tr> <tr><td>Art Unit</td><td>3711</td></tr> <tr><td>Attorney Docket No.</td><td>B04-07</td></tr> </table>		Application Number	10/789,288	Filing Date	February 27, 2004	First Named Inventor	Michael J. Sullivan	Examiner Name	HUNTER, ALVIN A	Art Unit	3711	Attorney Docket No.	B04-07
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Art Unit	3711														
Attorney Docket No.	B04-07														
TOTAL AMOUNT OF PAYMENT		(\$ 130.00)													

METHOD OF PAYMENT	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>502309</u> Deposit Account Name: <u>Acushnet Company</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	_____
<input type="checkbox"/> Design	200	100	130	_____
<input type="checkbox"/> Reissue	300	500	600	_____
<input type="checkbox"/> Provisional	200	0	0	_____
2. EXCESS CLAIM FEES				
<u>Fee Description</u>				<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200
<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	=	0	x 50	= 0
Paid TC = the greater of 20 or highest number of total claims paid for				
<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	=	0	x 200	= 0
Paid IC = the greater of 3 or highest number of independent claims paid for				
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<u>Total Sheets</u>	<u>Extra Sheets</u>	(round up to integer)	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 =	_____ / 50 =	_____	x 250	= _____
4. OTHER FEES				
Statutory Disclaimer \$130				<u>Fee Paid (\$)</u>
				130
Other: _____				_____
_____				_____
_____				_____

SUBMITTED BY			
Signature		Registration No. 43,583	Telephone (508) 979-3015
Name	Kristin D. Wheeler	Date	